

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035671

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 197

FILED OCT 15 1962

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		c. CITY OR TOWN Boss	
Length of stay in 1b 2 wks		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps Co. Memorial		d. STREET ADDRESS xx (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Charles Middle E Last Britton		4. DATE OF DEATH Month Oct Day 7 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-15-86
9. AGE (last birthday) 76		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) lumber work		10b. KIND OF BUSINESS OR INDUSTRY Sawmill	
11. BIRTHPLACE (City and state or country) Reynold Co Mo		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Alonzo Britton		13b. MOTHER'S MAIDEN NAME Mary Fowler	
14. NAME OF HUSBAND OR WIFE Mary Britton		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT Address Mary Britton Boss Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Decompensation DUE TO (b) After a relatively short illness DUE TO (c) Interval between onset and death		INTERVAL BETWEEN ONSET AND DEATH 2 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coccyx fracture 2 wks prior to death		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Auto accident	
20c. TIME OF INJURY Hour 9 a.m. 25-62 Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 33 East Salem		20f. CITY, TOWN, OR LOCATION Dent MO	
21. I attended the deceased from 9-25-62 to 10-7-62 and last saw him alive on 10-7-62		Death occurred at 6 A m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS Rolla MO	
22c. DATE SIGNED 10/9/62		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE 10-10-62		23c. NAME OF CEMETERY OR CREMATORY Boss Cem	
23d. LOCATION (City, town, or county) Boss Mo Dent Co.		24. FUNERAL DIRECTOR Spencer Funeral Home	
25. DATE RECD. BY LOCAL REG. Oct 9, 1962		26. REGISTRAR'S SIGNATURE Nadine L. Stoll	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

VS 300
Rev. 4/59**10817****20930****3****4 0****5 1****6****7 0****8 2****94200F****10****11****12 1-2****13 1-0**

USE BLACK INK

OR

TYPEWRITER RIBBON

OCT 24 1962

OCT 16 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.